FEB 29 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37634

1. PLACE OF DEATH

County: Miss — Registration District No.: 569 — File No.:

Township: Ohio — Primary Registration District No.: 5765 — Registered No.:

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Bessie Parker

(a) Residence. No. ..... Wyatt Mo ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dave Parker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3/7/1893

7. AGE: Years 35 — Months 8 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Del

PARENTS
10. NAME OF FATHER: John Shell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: Dave Parker
(Address): Wyatt Mo

15. FILED: Nov 26, 1928 — A. D. Marshall, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1928, to Nov 26, 1928, that I last saw her alive on Nov 25, 1928, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
angina Pectoris
94A
107A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Bronchial Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No — DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) E J Rawls, M. D
Nov 26, 1928 (Address) Wyatt Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Grove Cemetery — DATE OF BURIAL: 11/27 1928

20. UNDERTAKER: The Fair Und. Co — ADDRESS: Charleston Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.